

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042605

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5598

STATE FILE NUMBER

FILED NOV 16 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

CITY
OR
TOWN Kansas City

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Saint Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Kansas

b. COUNTY

Johnson

admission)

c. CITY

OR

TOWN Overland Park

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

5532 W. 87th Terrace

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Clark

Middle

C.

Last

Ewing

4. DATE

OF
DEATH

Month

November 2

Day

1962

Year

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-4-1895

9. AGE (last birthday)

66 Yrs

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR INDUSTRY

Brokerage Co.

11. BIRTHPLACE (City and state or country)

Arkansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Daniel P. Ewing

13b. MOTHER'S MAIDEN NAME

Kate Christopher

14. NAME OF HUSBAND OR WIFE

Hazel Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war, or dates, of service)

Yes W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Address Overland Park, K

Thomas L. Poland 5532 W. 87th Terr.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral Vascular Accident (Thrombosis)
Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

18 hrs.

104 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1st '62 to Nov 2nd '62 and last saw him alive on Nov 2nd 1962

Death occurred at 11:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Leslie Thompson

(Degree or title)

M.D.

22b. ADDRESS

4320 Wornall Rd

22c. DATE SIGNED

11-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-5-62

23c. NAME OF CEMETERY OR CREMATORY

Mount Moriah

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Stine & McClure

ADDRESS

Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

11-5-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF
Leslie Thompson Medical CertificationVS 300
Rev. 4/59

1 2150

2 X

3

4 C

5 2

6

7 1

8 2

9 332X

10

11

12 6-0

13

Dr. ~~Atchard~~ Thompson
4320 W. 10th
after 1:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.